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ABSTRACT

The paper reviews the development and use of the Social Solutions Curriculum, designed for learning disabled, mildly retarded, and disturbed young adults in transition from secondary school settings into the community and the work environment. Development aspects addressed include an initial telephone survey of practitioners which identified 11 problem areas, such as taking responsibility for actions and decisions, naming and expressing feelings, and developing close relationships. Learning activity cards were designed to communicate desirable behaviors, and 14 group study units were developed for teaching group social skills. Media used included audio cassettes and videotapes. Additional components of the curriculum are a personal growth plan and a mentor's manual. Examples of the curriculum's application conclude the paper. (CL)

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SOCIAL SOLUTIONS FOR SCHOOL-TO-WORK TRANSITION

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I'd like to begin this presentation by telling you an anecdote based on the project which led to the development of the Social Solutions curriculum.

> A young lady in one of the field test sites failed to make it in to the final interview, at which time she was scheduled to debrief the research staff on her experiences in using the materials to develop her social skills. Her instructor turned to me apologetically and said, "Jane wanted me to tell you how happy she was to have the chance to use the materials, without them she would never have had the courage to leave her husband."

While I was pretty much unprepared to hear something like that, it really turned out for the best. Apparently, the husband was abusive and belittling and over time the young lady had lost confidence in her own ability to function in social situations, especially those related to getting and holding a job. My reason for pointing out this anecdote is to make clear how significant social skills can be in the home, on the job, and in the community in general. Moreover, a deficit in one social skill can affect others. In Jane's case an inability to get in touch with her own feelings and to express them to others kept her from practicing conversational skills and assertive skills that were necessary for her emotional well-being and independence.

So that you can understand the structure of the curriculum and get some idea about its intended use, I'd like to tell you something about how it was developed and tested. The American Institutes for Research project was one of several conducted concurrently over a two-year period expressly to fill a void in curriculum materials for social skills training that had previously been identified by a research group in Berkeley. Each of the projects was underwritten by a substantial contract from the federal government. One of the projects was carried out by Abt Associates in Washington and resulted in a curriculum called Marathon, which is now published by

Stanfield Film Associates. A second curriculum was developed by the University of Kansas, Department of Human Development. Their project had a strong research component and is as far as I know, yet to be published. Our project, which I will describe in detail, has been published and so far has been purchased for use in some 22 states as well as in 12 counties in California.

At this point I would like to tell you something about who the curriculum was designed for. It was our goal to create materials that would meet the social skill needs of learning disabled young adults in transition from secondary school settings into the community and the work environment. We also wanted to prepare material that could be used with persons having emotional disorders as well as persons with mild mental retardation.

We knew, too, that unlike an academic subject, social skills can be learned in the classroom as well as learned equally well in non-classroom settings. Therefore we felt that the materials should be sufficiently easy to use so that the helping individual would not have to have professional training before using them. With this in mind, we adopted the word "mentor" to encompass the multiple titles of teacher, counselor, psychologist, enabler, parent, or friend. We felt that anyone in a position to work constructively with a young adult handicapped person should be given the kind of tools that would enable them to do so effectively.

Realistically, we knew we had let ourselves in for a pretty tough assignment. The first thing we did was to conduct a telephone survey of practitioners in educational institutions and community agencies across the country. We asked them to describe the populations they served and tell us the kinds of problems of a social skills nature that they most frequently encountered in working with their handicapped clients. We asked them what they did in such situations and whether their efforts worked well or not. Well over 100 areas of concern were identified in this way.

We then analyzed their responses separately for each of the three handicapping conditions in which we were interested. This led to priority lists for each group. Not surprisingly, there was some variation, but the more frequently noted problem areas were obviously important for each of the three groups. By classifying the frequently cited problems, we arrived at 11 gereral areas which we decided would comprise the curriculum. I will present them to you in priority order.

The first area of concern, and overwhelmingly so, we called Handling Stress and Conflict. Because it was so important, we identified 18 topics within that broad area that needed to be addressed in the materials. As I read this list of 18 learning points, I'd like you to think about individuals you have known as family members, friends, or students, and see if one or more of the topics would be helpful to them. Here's the list:

Handle personal failure better
Handle embarrassment better
Handle rejection better
Handle fear better
Overcome frustration better
Respond to criticism better
Stay more relaxed under pressure
Handle complaints better
Handle arguments better
Ignore teasing better
Handle the anger of others better
Handle conflicting messages better
Be more willing to compromise
Negotiate solutions better
Be more helpful to others
Do difficult but necessary things
Accept fair punishment better
Respond to an emergency better

I mentioned earlier that there were eleven areas. All of the topics that I just listed fall only in the first area. The second area of concern was Taking Responsibility for Actions and Decisions. It had 12 sub-topics, such as Admitting your mistakes. Area 3 was Communicating Effectively. It had 11 sub-topics, such as Start and end conversations. Area 4, called Naming and Expressing Feelings had 10 sub-topics, such as Handle changes in mood. Area 5, Responding to Suggestions and Directions, had 6 sub-topics, such as Follow instructions carefully. Area 6, Developing Close, Caring Relationships,

had 7 sub-topics, such as Saying "no" in a nice way. Area 7, Contributing to Groups, had 6 sub-topics, such as Be cooperative. Area 8, Caring for Yourself, had 4 sub-topics, such as Choose what goes into your body. Area 9, Touching in the Right Way, had 5 sub-topics, such as Touch to show you care. Area 10, Respecting the Rights of Others, had 3 areas, one of which was Keep proper distance, and finally, Area 11, Showing Honesty and Fairness, had 3 topics, one of which was Tell others to be fair. Altogether, there are 85 learning points included in the 11 major areas.

You know and I know that while handicapped individuals are frequently lacking in social skills, they typically do not lack all social skills and have varying degrees of proficiency with the skills they do have. Accordingly, we wanted to make the curriculum sensitive enough that it could be used selectively with individuals so that their deficits could be targeted and their existing skills reinforced. That meant that we had to design a curriculum that could be easily entered by the mentor to locate appropriate materials for unique problem situations in individual cases. With that requirement in mind, we decided to use Learning Activity Cards as the principal tool for communicating the desirable behaviors associated with each of the 85 learning points. The Learning Activity Cards, then, are designed for use by learners. They do four things for the learner. First, the concept is explained in simple terms. Second, "keys to learn" are provided. These are three or four easy-to-remember steps involved in the particular skill. Third, it elicits practice responses using the Keys. Fourth, it sets in motion follow-up practice activities to be tried during the next week. In order to minimize the prospect that poor reading would get in the way, we wrote two versions of each of the 85 topics. One is written at the third-grade level of difficulty and the other at about a

fifth grade level of difficulty. However, both are written in a way that is appropriate for mature young adults.

Project staff also realized that some of the most effective strategies for teaching social skills involved situations where the learner is part of a group. For example, roleplay activities work very well in group settings, but require video or other special aids if a group is not present. Clearly, then, we wanted to have the Social Solutions curriculum accommodate group instruction and group therapy. The component in the curriculum that resulted is called the Group Study Unit. There are 14 of these units, including one for each of two of an introductory nature, 11 covering the main social skill areas, and one that serves as a summary for use at the end of the series of sessions. Because mentors, instructors, and counselors may have their own preferred style of conducting classes and group sessions, each of the Group Study Units is designed to allow considerable flexibility. In particular, they allow the session to be organized around either a discussion format, a roleplay format, or a format that utilizes audio or visual materials. Of course, each of the Group Study Units also contained statements of objectives and main ideas as well as follow-up suggestions. It should be noted that the mentor is even given specifically-worded prompts that can be read verbatim to elicit the kind of dialogue and group contribution that will help the learners open up and share their thoughts.

Speaking of media, we included two types. There are three audiocassettes; one is an introduction of the materials, one is for use in roleplaying, and one presents relaxation and visualization exercises. There is also a three-part videotape. In dramatic portrayals, we see handicapped students experiencing social

difficulties in a school setting, a work setting, and a community setting. After viewing a particular episode, we are shown how a skilled mentor interacts with the individual to address the social skill difficulty. This is followed in the video presentation by the mentor turning to the viewing audience (which, of course, is meant to be young handicapped persons) and asking, "What would you do in this situation?"

To this point I've described the Learning Activity Cards for individual study, we've mentioned the Group Study Units for small classes and groups, and told about the media which could be used in combination with either individualized or group study. Two very important components remain: the first is the Personal Growth Plan, which is designed as a personal record for needs identification, goal setting, and showing attained levels of proficiency. It is like a file in which the efforts of an individual are accumulated over time. It shows the extent to which goals were reached or even surpassed. Incidentally, the forms for the Personal Growth Plan are supplied as masters for local reproduction, so each learner should have his or her own file.

The remaining component is the Mentor's Manual. I purposely mentioned this last because it is the unifying element that makes clear how the mentor should handle multiple options within the materials. Moreover, it presents the conceptual framework that underlies our philosophy about how people learn and how social skills counseling should proceed. Specifically, we believe in positive reinforcement and a consistent orientation to the handicapped individual that recognizes what they can do and encourages them to develop new skills by that recognition of their effort. With respect to counseling techniques, the Mentor's Manual gives detailed instructions on 14 of the most common approaches. That

chapter alone is unique in the field of counseling. Another section of the Mentor's Manual supplies information on assessment tools. Another gives leads to learning materials and helping organizations.

Having described the materials in the curriculum a little bit, I would like to go back to my story of how they were developed. I think it's important to mention that our first draft of materials went through a pilot test phase in several schools and agencies in the Bay Area. This pilot test was not so much intended to modify learners' behavior as to find problems in the materials themselves that led to breakdowns in communication or usefulness. Following the pilot test and the revisions that resulted, we went into a national field test. Eleven schools and agencies in California, Maryland, and North Carolina participated. As an ultimate test of the flexibility of the curriculum, we told them to use the materials in any way they saw fit. Following that lead, some opted to use them in group settings and others in individual interactions. Among those using the group approach, some used it as the basis for a course with credit, while others used it as a short special purpose part of a larger course; still others organized small groups with common needs in a voluntary setting.

Among those field test sites that chose the individualized approach, we found counselors using it to attempt breakthroughs on deep-seated, specific problems that individuals were having. We also noted mentors who used it primarily as a handy tool when particular situations would arise that would be troublesome for an individual. What I'd like to do is give you an anecdote from the field test to illustrate the kind of thing that happened.

> In an agency in Maryland a girl had been fired from two successive jobs principally because she failed to take directions from her supervisor. She was mentored by a counselor and a trainer in the agency, using several of

the Learning Activity Cards and related activities for several weeks. By the end of the field test she had made a turnaround on the job. She had sufficiently impressed the supervisor so that he was willing to take another handicapped individual from the agency. The surprise for us and the special payoff for the girl was when the supervisor appointed her as the company trainer to break in the new individual.

Here's another example. A community college in the Bay Area elected to pursue a group instruction and counseling strategy. They ran two classess--one principally for learning disabled individuals and the other for the mildly mentally retarded. Each proceeded at a different pace and emphasized different topics--one of the courses became a one-unit course. An interesting outcome was that some of the students got sufficiently turned on to social skills that they formed a "social skills" club, meeting once a week. Not surprisingly, this club was organized by one of the students who, when asked what he liked best about the class, said that it helped him meet new people and make new friends outside of the class.

A few words about the evaluation of the curriculum would be in order. First, over the three-month term of the field test, 85 percent of the students on whom detailed records were kept showed modest or substantial gains in social skills areas in which their needs had been identified. Second, a representative of the American Coalition of Citizens with Disabilities participated in the field evaluation of the curriculum at selected sites. Her comments were most favorable and are cited in the handout that I will be leaving with you.

I would also like to tell you very briefly about the project we are currently involved in, for it is in many ways an outgrowth

of the Social Solutions curriculum development project. This project is called TEAM Work. It has a focus on school-to-work transition for handicapped persons and has a strong component of social skills embedded in it. What we are doing at the present time is collecting information from six school districts, a dozen intermediate agencies, and a dozen businesses who have been a part of the well-known Workability projects that are now in approximately 30 locations in California. We will analyze this information to construct a framework of principles that contribute to the successful implementation of transition programs. We will then prepare guidebooks for educators, for staff in rehabilitation and other community agencies, and for businessmen, both trainers and supervisors. These guidebooks will help these different transitional helpers to succeed. Because the guidebooks will be built around strategies that emphasize social skills development, we believe that the books will also help learners succeed as they transition from school to work.